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PTOREROS (88-03)
Approved for use through 7/31/2008, CAIS 0651-0032

8. Potest and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DATEST AND ICATION FOR A CONTRACT OF THE STATE OF THE STA												As e ARRECOVE	control restricts.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											04/8529/2		
CLAIMS AS FILED - PART ! (Column 1) (Column 2)							SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY			
FOR			NUMB		MUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FES (37 CFR 1.18(a))			•		·					CR		,	
TOTAL CLAMS GJ CFR 1.16(4)					•			X 5		OR	XI ·		
INDEPENDENT CLAMS (37 CFR 1.150))				. •	•			×6		OR	XT .		
MLATPLE DEPENDENT CLAIM PRESENT					37 CFR 1.16(d)			1	+1 .		OR	**	
" If the difference in column 1 is less than zaro, enter "O" in column 2.								_	TOTAL	1	OR	TOTAL	
CLAIMS AS AMENDED - PART II											<b>-</b>	101,72,	
,													
MEGAN 3/15/06 «		<u> </u>	otume 1)		(Colum	<u> </u>	(Column 3)		· SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A	3/8/06	RE	CLAIMS MAINING AFTER ENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JOLY	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
M	Total promitted	. 0	79	Minus	10/		•	1	× 5		·OR	XI.	
N.	(D. Cyd. F. Heliti) gutjebaurjeur		8	Minus	-8		•	1	· X 3 =	·	OR	X i	
₹	PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAME (ST CFR 1.16(0))							1			OR	••	
$\Omega \subset \Omega'$								TOTAL			TOTAL		
U-X-U(D							.ADD'L FEE		OR	ADO'L FEE	L		
	(Column 1) (Column 2) (Column 3)							1		<del></del>	1		
AMENDMENT B		. 7	MAINING VFTER ENDMENT		PAJO FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u>§</u>	Total CF CFR 1.100(2)		<u> </u>	Minus		<u> </u>		J	X1		OR	X 8	
<b>QL</b>	(S CAL FIRM)	Ŀ	1	Minus	-5		-		x 8		OR	X S =	
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLASS. (37 CFR 1.16(4))								+1		OR	+•	•
								•	TOTAL ADD'L FEE		OR.	TOTAL ADO'L FEE	
	•	(Ce	iuma 1)		(Column	n 21	(Column 3)		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
<u></u>	1 4	C	LAMS		HIGHE	ŝT		7	<u> </u>		. 1	<del>,                                      </del>	
AMENDIMENT	II III REMARKING AFTER AMENDMENT				PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL : FEE
₫.	Total CP QFR 1.18003		3.	Mires	101		• /		x 6		OR	X 8=	
Ę,	cor cirk (.1800)			Minus	- 6		1		X.5=		OR	X8	
₹	FRET PRESENTATION OF MALTIFLE DEPENDENT CLAIM (27 CPR 1.18(4))								+5		OR.	• •	
									TOTAL ADOL FEE		OR	TOTAL ADOL FEE	
* If the entry in column 1 is less than the entry in column 2, write "If in column 3.  ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													
****	the Tighest N The Tilghest No.	rumbe.	r Previously	Paid For	92 BIHT NI	ACE L	a lasa (kan 3. c	erdae	er av. ·*3°, somber beend be	The anomales			,

This collection of brigmation is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an explication. Conditionably is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including gathering, and submitting the completed application form to the USPTO. Three will vary depending upon the brighted case. Any comments on the arround of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.